. No 300 €	NEW OCT LIS	MOCT 1 1952 THE DIVISION OF HEALTH OF MISSOURI							
10.48		STANDARD CERTIFICATE OF DEATH State File No							
10.40	BIRTH NO		REG. DIST.	NO. 340	PRIMARY REG. DIST.		151 Registrar's N		
1030	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where decoand lived. If institution: residence before				
	a. COUNTY St	oddar <u>d</u>			a. STATE Miss	ouri	b. COUNTYS	coddard	
1	b. CITY (If outside corporate limits, write RURAL and give c. LENGTH OF OR township) STAY (In this place)				C. CITY (If outside corporate limits, write RURAL and give township) OR				
/ _	TOWN Rural (Elk)				TOWN Rural (Elk)				
35	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence				d. STREET (If rural, give location) ADDRESS				
RECORD					R. F.D.#I, Essex, Missouri				
33	II DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE (Month		
H	(Type or Print)	Robert		·	Jerls		DEATH Sept.	10, 1952	
E		OLOR OR RACE	7. MARRIED, WIDOWED.	NEVER MARRIED, DIVORCED (Specify) W ed	8. DATE OF BIRTH	040	9. AGE (In years) IF the last hirthday) Month	ER I YEAR   IF UNDER 11 HES. II Days   Hours   Min.	
Ž.	<del></del>	White				869	83   6	171	
XX.	10a. USUAL OCCUPATION dogs during most of working	Y (Give kind of work   Life, even if retired)	10b. KIND O	F BUSINESS OR IN- DUSTRY			or Foreign Country)	12. CITIZEN OF WHAT COUNTRY? U. S.	
PERMANENT	Retired f	armer				Illir			
∢	13a. FATHER'S NAME		136.	MOTHER'S MAIDEN			E OF HUSBAND OR W		
凶	No record  15. WAS DECEASED EVER	. IN II C ADUED C	ODCEST   16	No Record	17. INFORMANT'	De]		(Deceased)	
MAKE	(Yes, no, or unknown)   (If y	res, give war or dates o		NO.	Mrs. Ethe			Ma · D 1	
-W	no l		<u> </u>	MEDICAL C	ERTIFICATION	T CI'e	eg, Essex.	Mo. R. 1	
CK INK-	18, CAUSE OF DEATH . Enter only one cause per	I. DISEASE OR CO DIRECTLY LEAD!	NDITION	-0		11	TRY	ONSET AND DEATH	
	line for (a), (b), and (c)	NG TO DEATH	(a)	The state of the s		, (	<del>~</del> ~		
	*This does not mean the mode of dying, such as heart failure, asthenia, rise to the above cause (a) stating the underlying cause last.				Lund	5/1	a pracam	4 5 ms	
BLA(									
: - <b>E</b>	etc. It means the dis-	the underlying cau	se last.	DUE TO OUT		1.1.	12/4		
ಶ	tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS .							
ŭ.	ľ	Conditions contributing to the death but not related to the disease or condition causing death.			· •	· W		].	
NG UNFADING	19a. DATE OF OPERA-	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
	TION				/99   YES   NO				
	21a. ACCIDENT SUICIDE HOMICIDE	Specify) 2	11b. PLACE OF 1	NJURY (e.g., in or about y, street, office bidg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP	(COUNTY)	(STATE)	
181	21d. TIME (Month)	(Day) (Year) (I	Hour) 21e. I	NJURY OCCURRED	21f. HOW DID INJURY	OCCUR?		<del></del>	
٦	OF INJURY		WHILE WOR	AT   NOT WHILE	}				
PLAINLY—USING	22. I hereby certify that I attended the deceased from \$ 1944, To Sept 10, 186 4 that I last saw the deceased								
	alive on 2/10 -, 19.5%, and that death occurred at 5:30 Im., from the causes and on the date stated above.								
Ţ	23a. SIGNATURE	2 (0	U	(Degree or title)	23b. ADDRESS			23c. DATE SIGNED	
	8.8	hyan	à l	n. B.	Reda		nes	9.24	
WRITE	ZIA. BURIAL, CREMA-	246. DATE	24c	NAME OF CEMETER	Y OR CREMATORY	24d. LOCA	TION (City, town, or co	ounty) (State)	
Ĕ	TION REMOVAL (Breatly) Burial	<b>9-</b> 12-5	<u>2  </u> :	Dexter	<u> </u>		exter, Mis		
-	DATE REC'D BY LOCAL REG.	REGISTRAR'S S	IGNATURE _	1 447.	25. FUNERAL DIREC			ADDRESS .	
	9-25-52 Vilma V. Genker's Strickland-Rathey Dexter, No.								
	7		(1	iconsed Embelmer's	Statement on Reverse Sid	le)		_	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by working under my personal supervision.

Licensed Embalmer No Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.